PTO/SB06 (08-03)
Approved for use through 7/31/2008, OMB 0651-0032
Selement Office; U.S. DEPARTMENT OF COMMERCA

| 0.430 | Regulation Act | GI 1893, | no persons are re | drawes to usebou | d to a collection of i | nformation un | ess ii disp | lays a valid OMI | control numbe | |
|--|--|--------------|---|------------------|------------------------|------------------------|-------------|----------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | 091428833 | | |
| CLAIMS AS FILED - PART ((Column 1) (Column 2) | | | | | SMALL | SMALL ENTITY | | OTHER THAN SMALL ENTITY | | |
| FOR NUMBER FILED NUMBER EXTRA | | | RATE | PEE | 7 | 3.5 | | | | |
| BASIC FEE (37 OFR 1.18(u)) | | | | | | 1. | 1 | RATE | , ///O | |
| TOTAL CLAIMS (S7 OFR 1.16(c)) | 177 | exetm | 20 • | | x, | + | OR | | 11.7.0 | |
| INDEPENDENT CLAIMS (37 CFR 1.18(b)) | 7 | | | | 1 | | OR | × * | | |
| | | ബ്ന | (37 CFR 1.15(d)) | | × 3 | | OR | × 3 | / _ | |
| MULTIPLE DEPENDENT | <u> </u> | | OR. | +3 | | | | | | |
| * If the difference in column 1 is less than zero, enter 10° in column 2. | | | | | TOTAL | <u></u> | OR | TOTAL | 110 | |
| 19,210 Scalms as amended - Part II | | | | | | | | | | |
| O _f _f | (Column 1) | , | (Column 2) | (Cohemn 3) | SMALL | ENTTTY | OR | | R THAN ENTITY | |
| 51 | REMAINING APTER MENOMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADOI- TIONAL | |
| C COST 1.1800 | (1) | Minus | -20 | 08 | X 8 = | ,,,,, | | | TEE | |
| Z Independent • | 7 | Minus | 3 | -6 | | | OR | X 8 = | | |
| FROT PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) | | | | | × 8 | | QR. | × 8 | | |
| 1 1 | | | | | +s = | | OR | +8 = | | |
| 11150) | | | | | ADD'L FEE | | OR | TOTAL ADO'L FEE | 8 | |
| | Column 1) | | (Column 2) | (Cotumn 3) | _ | | | | | |
| N N | EMAINING AFTER MENDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| C CT CESS 1.18(10) | 10 | Minus | 20 | 0 | x 5 • | | OR | x | | |
| Z Independent | 1 1 | Minus | -3 | B | x 3 = | | OR | x : - | | |
| FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (37 OFR 1,18(d)) | | | | | +, | | OR OR | ** | _ | |
| 2010/06 | | | | | TOTAL ADDL FEE | | OR L | TOTAL ADOL FEE | 4 | |
| "UUU | Column 1) | | (Calumn 2) | (Cotumn 3) | | | | | | |
| RI AN | CLAIMS EMAINING AFTER ENDMENT | | HIGHEST MUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL | | RATE . | ADOI- TIONAL | |
| Logal Crebs | 10 | Miran | 20 | 6 | x 4 e | FEE | og l | × | FEE | |
| CIF CIFR 1,14(b)) | | Minus | - 3 | 0 | x 8 = | $\neg \neg$ | | × . | 1- | |
| FIRST PRESENTATION | | | | | + | | | | | |
| TOTAL ADOL FEE OR ADOL FEE | | | | | | | | | | |
| of the entry in column 1 is less than the entry in column 2, write "of in column 3. If the "Highest Number Previously Paid For" In ThiS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" In ThiS SPACE is less than 3, enter "7". The "Highest Number Previously Paid For" In This SPACE is less than 3, enter "7". | | | | | | | | | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to tile (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including systeming, preparing, and submitting the completed application form to the USPTO: Time will vary depending upon the individual case. Any comments on the smount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chaid Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patente, P.O. Box 1450, Alexandria, VA 22313-1450.